BRITISH COLUMBIA PROVINCIAL HIV/AIDS STRATEGY AND WORK PLAN

• APRIL 1991 •

TOGETHER WE CARE

BC MINISTRY OF HEALTH
HON. JOHN JANSEN, MINISTER

91-05094/

BRITISH COLUMBIA PROVINCIAL HIV/AIDS STRATEGY AND WORK PLAN

• APRIL 1991 •

British Columbia Provincial HIV/AIDS Strategy and Work Plan, 1991/92

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British Columbia Provincial HIV/AIDS Strategy

British Columbia Provincial HIV/AIDS Strategy

This document provides a framework for coordinated and cooperative action concerning HIV/AIDS in British Columbia.

The goals of the Provincial HIV/AIDS Strategy are to prevent the further spread of HIV/AIDS in British Columbia, to provide persons with HIV infection and AIDS appropriate treatment and support; and to contribute to the national and worldwide efforts to control HIV/AIDS.

The Province of British Columbia recognizes the following principles concerning HIV/AIDS:

- HIV/AIDS is a serious, communicable disease which the Government is committed to addressing through a comprehensive program encompassing a broad range of social, legal and human rights issues.
- The approach of the Provincial Government must complement national and local HIV/AIDS strategies.
- HIV/AIDS is more than a public health problem, and therefore requires a cooperative approach with other ministries of government, other levels of government, community based agencies, and universities and hospitals.
- The success of local community and advocacy organizations in being able to reach specific high risk and target groups and to contribute to the development of effective strategies is acknowledged and supported.
- Public attitudes, perceptions and concerns respecting HIV/AIDS, and the nature of the disease, require special attention to such issues as reconciling the protection of individual rights with the greater public interest.

NOTE: A brief glossary of terminology is appended.

The Government will continue to address, in consultation with interested parties, specific areas of concern such as:

- HIV/AIDS and the gay community
- Rights of HIV/AIDS persons
- Education/prevention for students
- Housing and social assistance for persons with HIV/AIDS
- HIV/AIDS and prison inmates, corrections officers and others working in prisons
- HIV/AIDS in the workplace
- Intravenous drug users and HIV/AIDS
- HIV/AIDS and Native people
- Compensation issues for hemophiliacs and users of HIV-infected blood products
- Women and children
- Multi-cultural language issues

The overriding approach of the Government's strategy with respect to HIV/AIDS lies in coordination of activities, consultation and support of interested organizations. The Government will continue to coordinate its activities among affected ministries, as well as with other levels of government and public agencies. Ongoing consultation will occur with professional interests and advocacy groups associated with the HIV/AIDS problem, and support will be provided to organizations which are effectively meeting the challenge of HIV/AIDS.

Elements of the Government's strategy can be organized into three key areas of attention: 1) Education and Prevention; 2) Treatment and Related Issues; 3) Research.

The objectives, current programs and activities, and strategic goals associated with each of these three general areas are explained herein.

The Province of British Columbia will continue to cooperate and coordinate programs with the other provinces, the federal government and the World Health Organization. The Province will pay special attention to the exchange of expertise and experience with the Northwest and Yukon Territories.

1. Education and Prevention

OBJECTIVES FOR EDUCATION AND PREVENTION

- to provide ready access to HIV testing and counselling, particularly for persons engaging in high risk behaviours and special target groups
- to aim for early diagnosis of HIV in order to reduce the potential for spread of HIV/AIDS
- to increase public awareness of the nature and transmission of HIV/AIDS, and of protective measures which can be taken to avoid it
- to educate persons engaging in high risk behaviours, special target groups, and groups with special educational needs (e.g., those with visual and hearing impairment and communication problems, who are not a "risk" or "target" group in terms of infection, but need to be informed), respecting transmission and preventive measures which they can take
- to maintain public confidence and cooperation in addressing this disease
- update and support health care workers and others working with HIV/AIDS individuals

CURRENT PROGRAMS AND ACTIVITIES IN EDUCATION AND PREVENTION

- ongoing public awareness and publications campaigns
- BC AIDS line
- testing and counselling
- special events: World AIDS Day, national and international conferences
- Native AIDS awareness project
- education materials designed for some high-risk and special target groups: "AIDS in the Workplace", "Living with AIDS" manual, correctional officers and inmates education
- a mandatory annual 10-hour program for every student in grades 7–10, and a minimum 4-hour program for every student in grades 11–12 is in place, with resource materials specific to each grade level available to all schools
- education and guidance to government staff and caregivers who may be in contact with high risk groups, concerning personal safety, sensitivity to the issues relating to HIV/AIDS, provision of information and support to those at risk, and ensuring testing and special arrangements if appropriate
- providing background material to media
- B.C. Provincial Advisory Committee on AIDS as a professional reference group
- outreach services for IV drug users and street youth
- video and printed information for staff and inmates of correctional institutions
- project funding for community-based groups
- consultation with advocacy and support groups
- through the Red Cross and hospitals, screening of blood products and organs for donation
- "Be Responsible For Life" public campaign

PRIORITIES FOR THE 90's
FOR EDUCATION AND PREVENTION

- ensure the continued accuracy of HIV laboratory results through centralized testing services
- fund local governments and public agencies to develop and implement education/prevention programs aimed at high risk and special target groups
- expand the street nurse/counsellor program
- support for federal/provincial demonstration program concerning prevention of HIV/AIDS by intravenous drug users
- develop a comprehensive HIV/AIDS education strategy which would include an appropriate application and use of the B.C. Youth and AIDS video in coordination with local and national youth education initiatives
- include information on HIV/AIDS for students in the early intermediate years (grades 4-6), as part of a comprehensive "Learning for Living" health guidance program
- provide comprehensive preventive education for students in post-secondary institutions
- provide preventive education for prison inmates, corrections officers and others working in prisons
- support community initiatives which foster alliances with high risk groups, in recognition of their effectiveness in prevention and education
- encourage the development of community advisory groups at the local level to assist local governments with education and prevention
- improve public understanding respecting the means and risks of transmission of HIV/AIDS
- provide HIV/AIDS education and support to women and families
- improve public understanding of the Province's strategy and programs to address HIV/AIDS
- cooperate with the federal government, municipal health departments and drug and alcohol addiction programs to prevent the spread of HIV/AIDS among intravenous drug users
- coordinate education and preventive programs for Native people with the Native Coordinator of the Federal Centre for AIDS and community groups, providing prevention and education programs both on and off reserves
- strengthen the B.C. Centre for Disease Control as a provincial resource centre for education, prevention, testing, epidemiology, and research
- enlist assistance from the media in disseminating up-to-date information on HIV/AIDS

2. Treatment and Related Issues

OBJECTIVES FOR TREATMENT AND RELATED ISSUES

- to provide HIV/AIDS persons access to appropriate treatment services
- to make appropriate drug therapies accessible to persons with HIV/AIDS
- to provide access to home care and residential care services for persons with HIV/AIDS
- to ensure the protection of rights of people with HIV/AIDS
- to assist HIV infected persons to deal with non-medical issues such as housing and employment
- to enhance the availability of outpatient and daycare services

CURRENT PROGRAMS AND ACTIVITIES IN TREATMENT AND RELATED ISSUES

- provision of AZT through hospitals/Pharmacare
- outpatient clinic, home care support and palliative care
- High Risk Dental Clinic
- Infectious Disease Clinic (St. Paul's Hospital)
- National Coordinating Centre for the HIV Clinical Trials Network (UBC/St. Paul's Hospital)
- Provincial Advisory Committee on AIDS
- AIDS is considered a "physical disability" under the **Human Rights Act** by a 1988 decision
- The British Columbia Council of Human Rights participates on a federal/provincial/territorial working group on Medical and Legal Issues, which is currently working on issues of human rights associated with HIV/AIDS
- Government Personnel Management policies protecting employees with HIV/AIDS

PRIORITIES FOR THE 90's FOR TREATMENT AND RELATED ISSUES

- make effective HIV/AIDS drugs and treatments accessible without hardship to all eligible patients
- support the use of experimental drugs within the context of formal evaluation protocols
- seek the advice of the Special Advisory Committee on Ethical Issues in Health Care, the Council of Human Rights, and others on issues surrounding HIV reporting and liability
- foster the development of support networks at the local level for persons with HIV/AIDS
- develop a community based approach to the treatment of HIV/AIDS, utilizing home care and mutual support in conjunction with families and local organizations
- supply physicians with research information and education concerning treatments for HIV/AIDS
- strive to ensure adequate health care manpower to deal with HIV/AIDS
- provide access to HIV/AIDS services including outpatient care for women, children, Native people, rural populations, the disabled and others with special needs
- strengthen programs for other sexually transmitted diseases because of their close association to HIV/AIDS
- optimize HIV/AIDS management through the establishment of a Centre of Excellence in HIV and Other Viral Diseases with a mandate to educate health care workers, support general practitioners and other community health care workers, develop clinical care guidelines and provide up-to-date laboratory services

3. Research

OBJECTIVES FOR RESEARCH

- to continue to monitor HIV/AIDS infection through surveillance, surveys and epidemiological studies
- to encourage health care and academic institutions to:
  - participate in the international effort to develop a vaccine and/or find a cure for HIV/AIDS
  - develop protocols to ensure optimal clinical management of the disease and cost-effectiveness of care
  - provide insight into means of communicating with persons engaging in high risk behaviours and special target groups in order to influence their behaviours
  - assess the particular needs of individual target groups
  - support regular surveys of knowledge, attitudes and behaviour concerning HIV/AIDS
- to collaborate with the Federal Centre for AIDS as well as other provincial governments to share research findings and coordinate research priorities
- to draw on the benefits of research in other jurisdictions, and cooperate where possible in these research efforts
- to maximize the amount of Federal and other research funding flowing to HIV/AIDS related research in British Columbia
- to evaluate effectiveness of care and treatment strategies
- to participate in the international effort to control HIV/AIDS
- to provide provincial financial support to local research and researchers

CURRENT PROGRAMS AND ACTIVITIES IN RESEARCH

- quarterly analysis of the HIV/AIDS situation in British Columbia
- risk group surveys and needs assessments
- biomedical research
- clinical drug trials (St. Paul's Hospital)
- participation in national and international studies on HIV/AIDS
- funding or performing British Columbia surveys of specific issues or groups; evaluation of education programs

PRIORITIES FOR THE 90's FOR RESEARCH

- establish a Centre of Excellence in HIV and Other Viral Diseases with a strong research emphasis encompassing epidemiology and surveillance, clinical management, prevention and laboratory research
- provide adequate resources to establish and maintain excellent local HIV/AIDS research
- attract and support local HIV/AIDS researchers through study funding and career awards
- encourage persons with suitable qualifications to enter the fields of HIV/AIDS research and therapy through scholarships, fellowships and awards
- conduct behaviour change research including the components of lifestyle, psychological factors and community conditions that may contribute to behaviours
- conduct regular needs assessment surveys of persons engaging in high-risk behaviours
- monitor the HIV/AIDS knowledge, attitudes, behaviour and infection rates of the general population and important sub-populations
- conduct further needs assessment studies for special target groups to make education and prevention strategies more effective
- encourage the evaluation of treatment and prevention strategies for HIV/AIDS

British Columbia Provincial HIV/AIDS Strategy

Work Plan, 1991/92

British Columbia Provincial HIV/AIDS Strategy

WORK PLAN, 1991/92

OVERRIDING APPROACH

The overriding approach of the Provincial HIV/AIDS Strategy, which was developed with public consultation, lies in coordination, consultation and support of interested organizations. In particular:

- The membership of the British Columbia Provincial Advisory Committee on AIDS (PAC-AIDS) will be enhanced to include representation from municipal health departments, community groups, and the Centre for Excellence in HIV and other Viral Diseases. It will assist in strategic planning and resource allocation, and advise the Minister of Health. Issues requiring the attention of other jurisdictions will be considered through the Assistant Deputy Ministers Committee on Social Policy.
- The new PAC-AIDS will report, quarterly, on its proceedings. PAC-AIDS will have a strong role in shaping and defining the continuing Provincial HIV/AIDS Strategy, although regulations concerning financial accountability do not permit defining its role as being other than advisory.
- The Assistant Deputy Ministers' Committee on Social Policy will strike a continuing interministerial committee to consider and coordinate issues relating to HIV/AIDS which surpass the specific mandate of the Ministry of Health.

1. Education and Prevention

The priorities for education and prevention of HIV/AIDS in the Provincial HIV/AIDS Strategy include an increase in general awareness and targetting of special groups (youth, Natives, street people, women and gays); and funding of local governments and public agencies to reach certain groups. In particular:

- Funding will be provided to HIV/AIDS community groups for development and delivery of education and prevention programs.
- A computerized school education pilot will be undertaken, with $250,000 Lottery assistance.
- The needle drug user intervention program will continue through a federal/provincial cost-sharing agreement. A total of $500,000 is committed for two years to provide staff and resources for municipal programs in Greater Vancouver and the Capital Regional District, and to assist start-up programs elsewhere in the Province. Two more FTEs have been provided in Vancouver for outreach work.
- The Ministry of Health will augment the Native AIDS Awareness Project by the addition of a Native Educator, with resources to develop and disseminate educational materials.
- Funding will be provided through the City of Vancouver to continue a very successful pilot gay education initiative.
- The Ministry of Education's Family Life Education Curriculum, which includes instruction on sexuality and sexually transmitted diseases including HIV/AIDS, will continue to be taught in grades 7 – 12, and development of curriculum for grades 4 – 6 is underway.
- Ten of the fifteen colleges in British Columbia have formal HIV/AIDS policies, and all colleges participate in public information activities for students and employees. The Ministry of Advanced Education and Job Training strongly recommends that HIV/AIDS policies be established and coordinated throughout the college system.

2. Treatment and Related Issues

The Provincial HIV/AIDS Strategy promotes a community-based approach to care, which includes affordable housing and a continuum of care. The Ministry of Health, the Ministry of Social Services and Housing, the British Columbia Housing Management Commission, and Alcohol and Drug Programs of the Ministry of Labour and Consumer Services are responding to the recommendations in the AIDS Housing and Care Report. This Report was developed by an interministerial committee, in consultation with the community and persons with HIV/AIDS. In particular:

- The Ministry of Health has assigned 25 units of its 1990 rent supplement allotment, which is cost-shared by the federal government, to the Persons with AIDS Society for the benefit of all people with HIV/AIDS. Nineteen further units from the 1991 allotment will also be assigned. These units act as vouchers to enable individuals to maintain or achieve affordable housing to provide a basis for community care.
- Alcohol and Drug Programs of the Ministry of Labour and Consumer Services will develop, with interministerial and community consultation, a long-term strategy to make adequate addiction treatment services accessible to persons with HIV/AIDS and those engaging in high risk behaviour. Six rent supplement units will be made available to stabilized IVDU people with HIV/AIDS.
- The Ministry of Health will provide additional funding to the City of Vancouver and the Capital Regional District to support their heavily increased caseload in home care services.
- The Ministry of Health will fund a pilot program through the Vancouver Health Department to provide a crisis team for the at-home terminally ill.
- A pilot project to improve counselling for persons with HIV/AIDS will be continued through a Ministry of Health contract for a mental health counsellor to work with AIDS Vancouver Island.
- Ten extended care beds designated for HIV/AIDS will be funded in a Vancouver long term care facility.
- A pilot project in Vancouver for home intravenous therapy will include patients with HIV/AIDS.

3. Research

The Provincial HIV/AIDS Strategy speaks of the need for protocols for optimal clinical management of HIV/AIDS cases, delivery of HIV/AIDS-specific drugs under standards, and coordination of epidemiological and other research. In particular:

- A Centre of Excellence in HIV and Other Viral Diseases will be established in conjunction with St. Paul's Hospital. The Centre's functions would include:
  - control of treatment and tests
  - provision of AZT, pentamidine and related drugs under strict protocols and standards, at no cost to the client
  - health care professionals education
  - support for general practitioners and others providing community care
  - clinical care guidelines
  - laboratory support
  - provincial epidemiology
  - research
- PAC-AIDS will have a representative on the Steering Committee of the Centre of Excellence. Through this connection, both organizations may identify current and past B.C. research projects concerning HIV/AIDS, propose achievable research priorities, suggest mechanisms for encouraging local research and supporting local researchers, and outline a framework for AIDS Research in British Columbia. The cooperation of the B.C. Health Research Foundation will be sought in this endeavour.
- The Ministry of Health will propose to the B.C. Health Research Foundation that consideration be given to finding ways to supporting future HIV/AIDS research in British Columbia.

Appendix

GLOSSARY OF TERMS

AIDS
Acquired Immunodeficiency Syndrome – a state of disease resulting from the body's immune system being compromised by infection with the human immunodeficiency virus (HIV).

HIV
The state of being infected with the human immunodeficiency virus, or relating to the virus. Although symptoms of disease may be absent for an extended period of time, possibly many years, the individual is infectious and can spread this virus to others. Testing positive for HIV is a necessary precursor to AIDS. The virus can only be spread through direct exchange of body fluids – blood, semen and vaginal fluids.

PERSONS ENGAGING IN HIGH RISK BEHAVIOURS
Individuals who are at particularly high risk of contracting HIV/AIDS because they practice behaviours which expose them to HIV. These behaviours include sharing needles and engaging in unprotected sexual intercourse outside a mutually monogamous relationship. Infants born to women with HIV/AIDS are also at high risk.

SPECIAL TARGET GROUPS
Groups of individuals on whom particular attention should be focussed to provide appropriate educational and preventive programs for HIV/AIDS. These include people with special education needs, Natives, women, youth, inmates and workers in correctional institutions, the disabled, people in the workplace, and health care workers and others who may expect to come in contact with infected persons.

MANDATES OF BRITISH COLUMBIA MINISTRIES RESPECTING HIV/AIDS

MINISTRY	SPECIFIC RESPONSIBILITY
Attorney General	legal issues
Advanced Education	education/prevention programs for post-secondary students
Education	education/prevention programs for students in K-12
Finance and Corporate Relations	funding approval, Federal/ Provincial cost-sharing
Government Management Services	HIV/AIDS and the public service workplace/ employment
Health	education/prevention, treatment and research
Labour and Consumer Services	Human Rights issues, drug abuse, prevention and treatment programs, AIDS and the Workplace (WCB)
Native Affairs	Coordination of Native issues, liaison
Social Services and Housing	Housing issues and income assistance
Solicitor General	HIV/AIDS and the prison inmates, corrections officers and others working in prisons

INITIATIVES IN SUPPORT OF THE BRITISH COLUMBIA PROVINCIAL HIV/AIDS STRATEGY AND 1991/92 WORK PLAN

NOTES FROM A SPEECH BY

THE HONOURABLE JOHN JANSEN
MINISTER OF HEALTH

APRIL 1991

"CHECK AGAINST DELIVERY"

TOGETHER WE CARE

BC MINISTRY OF HEALTH
HON. JOHN JANSEN, MINISTER

Initiatives in Support of the British Columbia Provincial HIV/AIDS Strategy and 1991/92 Work Plan

Notes From A Speech By

The Honourable John Jansen
Minister of Health

April 1991

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GOOD AFTERNOON LADIES AND GENTLEMEN.

I WOULD LIKE TO WELCOME YOU TO VANCOUVER, AND COMPLIMENT THE CANADIAN PUBLIC HEALTH ASSOCIATION, HEALTH AND WELFARE CANADA, THE CANADIAN AIDS SOCIETY AND THE CANADIAN HEMOPHILIA SOCIETY FOR PROVIDING THE ORGANIZATION NEEDED TO MAKE THIS IMPORTANT CONFERENCE POSSIBLE.

I AM PARTICULARLY PLEASED TO BE HERE TODAY BECAUSE IT GIVES ME THE OPPORTUNITY TO TALK TO YOU ABOUT SOME OF THE IMPORTANT WORK WHICH HAS BEEN GOING ON IN BRITISH COLUMBIA OVER THE PAST YEAR WITH RESPECT TO HIV AND AIDS.

ABOUT ONE YEAR AGO, I ANNOUNCED THE INITIATION OF A PLANNING PROCESS WHICH WOULD HELP LEAD BRITISH COLUMBIA TOWARD A CONSENSUS ON BUILDING A PROVINCIAL AIDS STRATEGY, A STRATEGY WHICH WOULD REFLECT CURRENT NEEDS, AND WOULD ALSO HELP TO DEFINE AND ADDRESS WHAT WE SEE AS THE PRESSING AND IMPORTANT DEMANDS FOR THE FUTURE.

AT THE SAME TIME, WE RECOGNIZED THE IMPORTANCE OF ENSURING THAT WE WOULD NOT BE WORKING IN ISOLATION OF EACH OTHER, BOTH FROM A COMMUNITY PERSPECTIVE AND ON A NATIONAL/PROVINCIAL LEVEL. DIALOGUE, WE REALIZED, WAS KEY TO MAKING A PROVINCIAL STRATEGY A RESPONSIVE, ACTION-ORIENTED INITIATIVE THAT WOULD COMPLEMENT AND ENHANCE IMPORTANT WORK AND PLANS ALREADY IN PROGRESS.

THE CONSULTATION PROCESS WITH COMMUNITY GROUPS, PROFESSIONAL ASSOCIATIONS AND ALL LEVELS OF GOVERNMENT, PERHAPS HAS TAKEN MORE TIME THAN MANY ANTICIPATED. BUT I THINK IT IS IMPORTANT TO REMEMBER THAT WITH THE BROAD RANGE OF INTERESTS TO BE EFFECTIVELY REPRESENTED, THE DIVERSITY OF NEEDS TO BE ASSESSED AND THE MULTIPLICITY OF PRIORITIES TO BE DEFINED, THAT RESPONSIVE CONSULTATION TAKES TIME.

I BELIEVE IT HAS BEEN TIME WELL SPENT.

THIS PROCESS HAS ALLOWED ALL THOSE WHO HAVE A CONCERN ABOUT PREVENTING THE SPREAD OF HIV AND THE TREATMENT AND CARE OF THOSE SUFFERING WITH THE DISEASE, TO SHARE THEIR BELIEFS AND NEEDS IN A COLLECTIVE MANNER.

IN TOTAL, WELL OVER 40 GROUPS, ORGANIZATIONS AND ASSOCIATIONS, HAVE PARTICIPATED IN CONSULTATIONS, AND I AM PLEASED TODAY TO TALK ABOUT WHERE THAT PROCESS HAS LED US AND HOW WE INTEND TO USE THIS COLLECTIVE KNOWLEDGE TO MOVE US, IN A PROGRESSIVE MANNER, THROUGH THIS AGE OF HIV AND AIDS.

THERE HAS BEEN SOME ENCOURAGING EVIDENCE RECENTLY HERE IN BRITISH COLUMBIA WHICH SUGGESTS THAT GENERAL AWARENESS ABOUT HIV INFECTION MAY BE IMPROVING. HOWEVER WE ARE ALSO SEEING DISTURBING NEW TRENDS EMERGING WITH REGARD TO HETEROSEXUAL TRANSMISSION AND THE INCREASING NUMBER OF WOMEN AND YOUNGER PEOPLE WHO ARE BECOMING INFECTED.

WHILE HIV/AIDS IS NOT LIMITED TO ANY ONE CULTURAL GROUP, WE KNOW THAT OUR NATIVE INDIAN AND MULTI-CULTURAL COMMUNITIES ARE AT INCREASING RISK.

VIGILANCE THROUGH A STRONG, ONGOING COMMITMENT IS CRITICAL IF WE ARE TO BE SUCCESSFUL IN CONTROLLING THE RATE AT WHICH HIV INFECTION IS BEING SPREAD.

AS WE BEGAN TO DEVELOP A WORK PLAN AS PART OF A PROVINCIAL AIDS STRATEGY, WE AGREED FUNDAMENTALLY, THAT THE OVERRIDING APPROACH, WHICH WAS DEVELOPED THROUGH CONSULTATION, HAD TO LIE IN COORDINATION AND THE ONGOING SUPPORT OF INTERESTED ORGANIZATIONS.

TO ENSURE THIS, THE CURRENT MEMBERSHIP OF THE PROVINCIAL ADVISORY COMMITTEE ON AIDS WILL BE ENHANCED TO INCLUDE REPRESENTATION FROM MUNICIPAL HEALTH DEPARTMENTS, COMMUNITY GROUPS AND HEALTH CARE PROVIDERS.

THESE GROUPS WILL ENABLE BETTER STRATEGIC PLANNING AND RESOURCE ALLOCATION AS WELL AS PLAYING A KEY ADVISORY FUNCTION TO THE MINISTER OF HEALTH.

CERTAINLY, THE PROVINCIAL AIDS ADVISORY COMMITTEE WILL HAVE A ROLE IN SHAPING AND DEFINING OUR STRATEGIES IN FUTURE.

THE ADVISORY COMMITTEE WILL ALSO PROVIDE AN IMPORTANT LINK WITH A SPECIAL PROVINCIAL INTERMINISTERIAL COMMITTEE WHICH HAS BEEN ESTABLISHED TO COORDINATE ISSUES RELATING TO HIV WHICH MAY FALL OUTSIDE OF THE SPECIFIC MANDATE OF THE MINISTRY OF HEALTH.

LAST YEAR IN BRITISH COLUMBIA, THE MINISTRY OF HEALTH SPENT OVER $16 MILLION DOLLARS IN HIV/AIDS PREVENTION, EDUCATION, TREATMENT AND CARE PROGRAMS. WHILE THIS IS A SIGNIFICANT COMMITMENT, THERE WAS ALSO RECOGNITION THAT SOME KEY COMPONENTS WERE MISSING IF WE HOPED TO PROVIDE A MORE COMPREHENSIVE RANGE OF PROGRAMS AND SERVICES.

THE PROVINCIAL AIDS STRATEGY CONSULTATION PROCESS IDENTIFIED SIX PRIMARY AREAS WHICH WOULD HELP TO SIGNIFICANTLY ENHANCE OUR PROVINCIAL PROGRAM AND SERVICE LEVELS AS WELL AS MORE EFFECTIVELY POSITION THE PROVINCE TO MAINTAIN INTERNATIONAL STANDARDS OF EXCELLENCE IN THE AREAS OF RESEARCH, TREATMENT AND PREVENTION.

I AM PLEASED TO INFORM YOU TODAY THAT THE PROVINCE OF BRITISH COLUMBIA WILL BE ENHANCING OUR CURRENT HIV/AIDS PROGRAM AND SERVICE COMMITMENTS IN A NUMBER OF KEY AREAS.

THE IDENTIFICATION OF THESE IMPORTANT PROGRAM AND SERVICE AREAS REPRESENTS A CORNERSTONE IN THE CONTINUING EVOLUTION OF A PROVINCIAL-BASED STRATEGY WHICH IS TARGETTED AT LEARNING MORE ABOUT HIV AS WE LOOK FOR A CURE, WHILE, AT THE SAME TIME, PROVIDING SERVICES AND PROGRAM SERVICE ENHANCEMENTS WHICH HAVE BEEN IDENTIFIED BY A BROAD CROSS-SECTION OF THE COMMUNITY.

I WOULD NOW LIKE TO TAKE A FEW MINUTES TO DESCRIBE FOR YOU THE INTENT OF THESE INITIATIVES.

CENTRE OF EXCELLENCE

OVER THE PERIOD OF THIS EPIDEMIC, TREATMENT FOR PEOPLE WITH HIV INFECTION OR SUFFERING FROM ITS END STAGE OF AIDS, HAS BEEN DEVELOPED WITHOUT IMPORTANT CENTRALIZED COORDINATION.

WHILE THE CASE LOAD CONTINUES TO CLIMB AT BETWEEN 15 AND 20 PER CENT EVERY YEAR, COMPREHENSIVE EVALUATIONS OF DIFFERENT APPLIED TREATMENTS AND THEIR RELATIVE COSTS ARE NOT BEING CARRIED OUT IN A USEFUL, ANALYZED MANNER.

THIS ISSUE IS PARTICULARLY CRUCIAL IN LIGHT OF THE SIGNIFICANT FISCAL CONTRIBUTION MADE BY THE MINISTRY OF HEALTH IN ADDRESSING HIV/AIDS.

CURRENTLY THERE ARE CLOSE TO 300 AIDS PATIENTS IN BRITISH COLUMBIA AND RECENT PROJECTIONS SUGGEST THAT UPWARDS OF 5,000 HIV INFECTED PEOPLE WILL GO ON TO DEVELOP AIDS WITHIN 10 YEARS.

IN THE CONTINUED ABSENCE OF AN UNCOORDINATED SYSTEM OF IDENTIFYING APPROPRIATE TREATMENT AND CARE PRACTICES, THIS PROVINCE COULD FACE AN UNMANAGEABLE SITUATION WITHIN A FEW YEARS.

IT IS WITH THIS REALIZATION THAT AS PART OF OUR PROVINCIAL AIDS STRATEGY, THE MINISTRY OF HEALTH HAS IDENTIFIED $1.7 MILLION DOLLARS TO ASSIST IN THE ESTABLISHMENT OF A CENTRE OF EXCELLENCE RELATING TO THE HUMAN IMMUNODEFICIENCY VIRUS AND OTHER VIRAL DISEASES.

THIS CENTRE WOULD BE MODELED AFTER THE B.C. CANCER CONTROL AGENCY, WHICH, THROUGH A GLOBAL BUDGET, OVERSEES CARE AND DRUG TREATMENT THROUGH THE APPLICATION OF DEFINED PROTOCOLS.

THE ESTABLISHMENT OF A CENTRE OF EXCELLENCE FOR HIV AND OTHER NEW OR EXISTING VIRAL DISEASES, INCLUDING THOSE RELATED TO AIDS, WOULD PROVIDE SEVERAL KEY FUNCTIONS.

THE RATIONALIZATION AND COORDINATION OF TREATMENT, COUPLED WITH THE DEVELOPMENT OF DRUG USE STANDARDS IS ONE AREA WHERE THE CENTRE WILL PLAY AN IMPORTANT ROLE IN ENSURING EFFECTIVE, ONGOING AND COORDINATED CARE.

AS WELL AS ACTING AS AN EDUCATION RESOURCE FOR PHYSICIANS AND OTHER HEALTH WORKERS, IN PREVENTION AND TREATMENT, INCLUDING THE CARE OF PATIENTS IN SMALLER COMMUNITIES, THE CENTRE WILL DELIVER DRUGS SUCH AS AZT, ACCORDING TO ESTABLISHED PROTOCOLS, AT NO COST TO THE PATIENT.

UNTIL SUCH TIME AS THE CENTRE OF EXCELLENCE IS FULLY OPERATIONAL, AN INTERIM FUNDING TRANSFER ARRANGEMENT BY THE MINISTRY OF HEALTH, WILL ENSURE THAT, BEGINNING IMMEDIATELY, AZT IS MADE AVAILABLE AT NO COST TO PATIENTS THROUGH ST. PAUL'S HOSPITAL.

THE CENTRE WILL COMPLEMENT AND BUILD ON THE WORK OF THE NATIONAL CLINICAL TRIALS NETWORK TO STUDY TREATMENT INTERVENTIONS FOR HIV WHICH HAS OPENED NEAR ST. PAUL'S HOSPITAL .

WITH ANY ADDITIONAL FUNDING SECURED FROM OTHER SOURCES BEYOND THE $1.7 MILLION DOLLAR CONTRIBUTION FROM THE PROVINCE, THE CENTRE WILL PROVIDE A MAJOR FOCUS FOR RESEARCH WHILE ENHANCING OUR ALREADY WORLD RECOGNIZED EXPERIENCE AND, MORE IMPORTANTLY, ENCOURAGING THE RETENTION OF INTERNATIONALLY RENOWNED EXPERTISE IN THIS FIELD.

EDUCATION AND PREVENTION

PRIORITIES FOR EDUCATION AND PREVENTION MUST INCLUDE BOTH AN IMPROVED AWARENESS AMONG THE GENERAL PUBLIC ABOUT HIV TRANSMISSION AND CLEARLY DEFINED TARGETTING OF SPECIAL GROUPS SUCH AS YOUTH, NATIVES, STREET PEOPLE, WOMEN AND THE GAY COMMUNITY.

THIS APPROACH WILL REQUIRE SOME SPECIALIZED EXPERTISE, AND THROUGH THE PROVINCIAL AIDS STRATEGY, THE MINISTRY WILL BE COMMITTING AN ADDITIONAL $150,000 SPECIFICALLY TO FUNDING AIDS COMMUNITY GROUPS TO DEVELOP AND DELIVER EDUCATION AND PREVENTION PROGRAMS.

IN ADDITION - WITH $250,000 FROM B.C. LOTTERIES AND $20,000 FROM THE MINISTRY OF HEALTH - THE B.C. HEALTH RESEARCH FOUNDATION, THE MINISTRY OF HEALTH AND THE MINISTRY OF EDUCATION, WILL LAUNCH A PILOT PROJECT THIS YEAR INVOLVING A COMPUTERIZED, TOUCH-SCREEN VIDEO-BASED EDUCATION PROGRAM WHICH WILL BE INTRODUCED FOR EVALUATION IN A NUMBER OF B.C. HIGH SCHOOLS.

SEVERAL B.C. SCHOOLS ARE ALREADY USING THIS TYPE OF TECHNOLOGICALLY-ASSISTED PROGRAM FOR ALCOHOL AND DRUG EDUCATION, AND WE ARE HOPEFUL THAT WE CAN ACHIEVE SIMILAR, POSITIVE RESULTS WITH A SPECIALLY DESIGNED PROGRAM DEALING WITH THE MANY DECISIONS AND CHOICES TODAY'S YOUNG PEOPLE MUST MAKE RELATING TO HIV/AIDS.

TO FURTHER SUPPORT THE EDUCATION OF OUR YOUTH, THE MINISTRY OF EDUCATION'S FAMILY LIFE EDUCATION CURRICULUM, WHICH INCLUDES INSTRUCTION ON SEXUALITY AND SEXUALLY TRANSMITTED DISEASES, INCLUDING HIV AND AIDS, WILL CONTINUE TO BE TAUGHT IN GRADES SEVEN THROUGH 12. AS WELL, THE DEVELOPMENT OF CURRICULUM FOR GRADES FOUR THROUGH SIX IS UNDERWAY.

THE MINISTRY WILL ALSO BE CONTINUING TO FUND THE USE OF LIVE SOCIO-DRAMA IN B.C. HIGH SCHOOLS WHICH PROVED SO SUCCESSFUL LAST YEAR. WORKING WITH A YOUTH THEATRE GROUP, WE ARE NOW DEVELOPING A SCHEDULE WHICH WILL SEE ABOUT 60 PERFORMANCES DURING THE FALL SEMESTER. LAST YEAR, THROUGH 40 PERFORMANCES, WE WERE ABLE TO REACH ABOUT 7,000 YOUNG PEOPLE.

THE ADOPTION OF AIDS POLICIES IN OUR EDUCATIONAL INSTITUTIONS IS ALSO IMPORTANT. TODAY, 10 OF OUR 15 COLLEGES IN BRITISH COLUMBIA HAVE FORMAL AIDS POLICIES IN PLACE, AND ALL COLLEGES PARTICIPATE IN PUBLIC INFORMATION AND EDUCATIONAL ACTIVITIES FOR STUDENTS AND EMPLOYEES. TO FURTHER SUPPORT THE IMPORTANCE OF THIS, THE MINISTRY OF ADVANCED EDUCATION AND JOB TRAINING IS STRONGLY RECOMMENDING THE ADOPTION OF AIDS POLICIES IN ALL OF THESE INSTITUTIONS.

AS WELL, THE NEEDLE DRUG USER INTERVENTION PROGRAM WHICH WAS ANNOUNCED LAST YEAR, WILL CONTINUE THROUGH A FEDERAL/PROVINCIAL COST SHARING AGREEMENT WITH A TOTAL TWO YEAR COMMITMENT OF $1,000,000 TO PROVIDE STAFF AND RESOURCES FOR MUNICIPAL PROGRAMS IN GREATER VANCOUVER AND THE CAPITAL REGIONAL DISTRICT. PART OF THIS FUNDING WILL ALSO BE PROVIDED TO ASSIST START-UP PROGRAMS ELSEWHERE IN THE PROVINCE.

IN KEEPING WITH OUR CONCERN RESPECTING SPECIAL TARGET GROUPS, THE MINISTRY OF HEALTH WILL AUGMENT THE NATIVE AIDS AWARENESS PROJECT WHICH WE HAVE STRONGLY SUPPORTED SINCE ITS INCEPTION, THROUGH THE ADDITION OF A NATIVE EDUCATOR AND SUFFICIENT RESOURCES TO DEVELOP AND DELIVER MUCH NEEDED EDUCATIONAL MATERIAL TO THAT SPECIFIC GROUP.

LAST YEAR, AS PART OF THE NATIVE AIDS CONFERENCE, THE MINISTRY PROVIDED $35,000 IN FUNDING ASSISTANCE TO BRING TOGETHER NATIVE EDUCATORS FROM AROUND THE PROVINCE. IT IS OUR INTENTION TO CONTINUE TO WORK WITH THE NATIVE COMMUNITIES TO ASSIST THEM IN THE DEVELOPMENT OF LOCAL EDUCATORS WHO CAN WORK WITH THE COMMUNITY ON A SUSTAINED BASIS.

ANOTHER KEY GROUP IS THE GAY COMMUNITY. THE MINISTRY WILL BE PROVIDING FUNDING THROUGH THE CITY OF VANCOUVER THIS YEAR TO SUPPORT THE CITY'S EFFORTS IN WORKING WITH THE GAY COMMUNITY IN PROVIDING EDUCATION AND OTHER PREVENTIVE PROGRAMS.

WORKING IN COOPERATION WITH MUNICIPAL HEALTH PROGRAMS, THE GAY COMMUNITY, THROUGH ORGANIZATIONS SUCH AS AIDS VANCOUVER AND AIDS VANCOUVER ISLAND AMONG OTHERS, HAS DEMONSTRATED A PROGRESSIVE COMMITMENT TO FIGHTING AIDS WITHIN THEIR COMMUNITY.

IF YOU WOULD LIKE TO HAVE A CLOSER LOOK AT SOME OF THE EDUCATIONAL INITIATIVES BEING UNDERTAKEN BY THE MINISTRY OF HEALTH, I INVITE YOU TO VISIT THE DISPLAY AREA.

THE INTERACTIVE COMPUTER ASSISTED EDUCATION PROGRAM, A VIDEO OF OUR AIDS SOCIO-DRAMA PRODUCED FOR THE MINISTRY BY THE GREENTHUMB THEATRE COMPANY OF VANCOUVER, AND THE NATIVE INDIAN TARGETTED AIDS FILM PRODUCED BY THE NUU-CHAH-NULTH NATIVE GROUP, HEALTH AND WELFARE CANADA AND THE MINISTRY OF HEALTH, WILL BE ON DISPLAY THROUGHOUT THE CONFERENCE.

TREATMENT AND RELATED ISSUES

THE PROVINCIAL AIDS STRATEGY ALSO SUPPORTS AND PROMOTES A COMMUNITY BASED APPROACH TO CARE WHICH MUST INCLUDE AFFORDABLE HOUSING COUPLED WITH AN APPROPRIATE CONTINUUM OF CARE.

TO THAT END, THE MINISTRIES OF HEALTH, SOCIAL SERVICES AND HOUSING AS WELL AS LABOUR AND CONSUMER SERVICES' ALCOHOL AND DRUG PROGRAMS, HAVE CONTINUED TO WORK WITH THE B.C. HOUSING MANAGEMENT COMMISSION IN RESPONDING TO THE RECOMMENDATIONS IN THE HIV/AIDS HOUSING AND CARE REPORT.

THIS REPORT WAS DEVELOPED BY AN INTERMINISTERIAL COMMITTEE IN COOPERATION WITH SEVERAL COMMUNITY GROUPS AND HEALTH CARE PROFESSIONALS.

IN TOTAL, THE PROVINCIAL AIDS STRATEGY WILL COMMIT $1.3 MILLION DOLLARS TOWARD A WIDE RANGE OF HOUSING AND HOME CARE PROGRAMS.

SPECIFICALLY, THESE WILL INCLUDE:

- THE ASSIGNMENT OF 25 RENT SUPPLEMENT UNITS BY THE MINISTRY OF HEALTH FROM ITS 1990 HOUSING UNITS ALLOTMENT, WHICH IS COST SHARED BY THE FEDERAL GOVERNMENT, TO THE PERSONS WITH AIDS SOCIETY VANCOUVER, FOR THE BENEFIT OF PEOPLE WITH HIV/AIDS. IN ADDITION, 19 FURTHER UNITS FROM THE 1991 ALLOTMENT WILL ALSO BE ASSIGNED AND ADMINISTERED BY THE PWA SOCIETY, THEREBY ENABLING INDIVIDUALS TO MAINTAIN OR ACHIEVE AFFORDABLE HOUSING TO PROVIDE A BASIS FOR COMMUNITY CARE. FIVE OF THESE UNITS WILL BE AVAILABLE FOR WOMEN WITH HIV/AIDS.

- THE MINISTRY OF LABOUR AND CONSUMER SERVICES, THROUGH ALCOHOL AND DRUG PROGRAMS, WILL DEVELOP A LONG-TERM STRATEGY TO MAKE ADEQUATE ADDICTION TREATMENT SERVICES ACCESSIBLE TO PERSONS WITH HIV/AIDS AS WELL AS THOSE ENGAGING IN HIGH RISK BEHAVIOR. IN TOTAL, SIX RENT SUPPLEMENT UNITS WILL BE MADE AVAILABLE FOR STABILIZED INTRAVENOUS DRUG USERS WITH HIV/AIDS.

- THE VANCOUVER NATIVE HEALTH SOCIETY IS ALSO WORKING CLOSELY WITH THE BRITISH COLUMBIA HOUSING MANAGEMENT COMMISSION IN ACCESSING EXISTING SOCIAL HOUSING PROJECTS IN THE DOWNTOWN CORE FOR INTRAVENOUS DRUG USERS WITH HIV/AIDS.

- TEN EXTENDED CARE BEDS WILL BE DESIGNATED FOR AIDS PATIENTS IN A VANCOUVER LONG TERM CARE FACILITY AND FUNDED TO PROVIDE FOR MORE INTENSIVE NURSING CARE. THIS INITIATIVE RECOGNIZES THE DIFFICULTY FACED IN PLACEMENT OF THIS CLIENT GROUP AND WILL HELP TO PROVIDE A MORE APPROPRIATE LEVEL OF CARE TO SOME PEOPLE WITH AIDS.

- WITH HIV/AIDS HOME CARE CLIENTS NEARLY DOUBLING OVER LAST YEAR, ADDITIONAL FUNDING WILL BE MADE AVAILABLE TO THE CITY OF VANCOUVER AND THE CAPITAL REGIONAL DISTRICT TO HELP SUPPORT THIS HEAVILY INCREASING CASELOAD FOR HOME CARE SERVICES.

- A PILOT PROGRAM TO PROVIDE A MOBILE NURSING SUPPORT UNIT FOR PALLIATIVE CARE AT HOME, WILL BE FUNDED BY THE MINISTRY OF HEALTH THROUGH THE VANCOUVER HEALTH DEPARTMENT.

- ON A CONTINUED BASIS, THE MINISTRY OF HEALTH WILL PROVIDE A MENTAL HEALTH COUNSELLOR TO WORK WITH AIDS VANCOUVER ISLAND IN A PILOT PROJECT TO IMPROVE COUNSELLING FOR PERSONS WITH HIV/AIDS.

- AND, A PILOT PROJECT IN VANCOUVER FOR HOME INTRAVENOUS THERAPY WILL INCLUDE PATIENTS WITH HIV/AIDS AND WILL PROVIDE INSTRUCTION IN THE SELF-ADMINISTRATION OF SOME INTRAVENOUS TREATMENTS TO PATIENTS WHO NORMALLY REQUIRE FREQUENT VISITS TO HOSPITAL MEDICAL DAY-CARE FACILITIES FOR EACH COURSE OF THEIR TREATMENT.

WITHIN THE NEXT FEW MONTHS, VANCOUVER WILL SOON HAVE 32 NEW HOMES FOR PERSONS WITH HIV/AIDS FOLLOWING THE APPROVAL EARLIER THIS YEAR OF A PROJECT PROPOSED BY THE MCLAREN HOUSING SOCIETY OF BRITISH COLUMBIA.

THE PROJECT, WHICH IS BEING FUNDED THROUGH THE FEDERAL, PROVINCIAL AND MUNICIPAL GOVERNMENTS, INVOLVES THE RENOVATION OF A FIVE STOREY HERITAGE BUILDING IN DOWNTOWN VANCOUVER TO PROVIDE 16 STUDIO SUITES AND 16 ONE-BEDROOM UNITS.

TO ENSURE THAT TENANTS PAY NO MORE THAN 30 PER CENT OF THEIR INCOME FOR RENT, THE PROJECT WILL BE SUBSIDIZED BY THE FEDERAL AND PROVINCIAL GOVERNMENTS.

HELMCKEN HOUSE IS BELIEVED TO BE THE FIRST OF ITS KIND IN NORTH AMERICA, IN THAT IT IS NOT A HOSPICE AND PROVIDES FOR INDEPENDENT LIVING. THE PROJECT NOT ONLY ENHANCES SERVICES FOR PERSONS WITH HIV/AIDS, BUT ALSO PROVIDES READY ACCESS TO THE MEDICAL SERVICES AVAILABLE AT NEARBY ST. PAUL'S HOSPITAL.

CERTAINLY THE MCLAREN HOUSE SOCIETY MUST BE COMMENDED FOR THEIR INITIATIVE AND DEDICATION IN MAKING THIS PROJECT A REALITY.

ALL OF THESE INITIATIVES WILL NOT ONLY IMPROVE THE QUALITY AND APPROPRIATENESS OF CARE FOR THOSE MOST IN NEED, BUT WILL ALSO HELP TO ALLEVIATE PRESSURES ON OUR ACUTE CARE HOSPITALS.

RESEARCH

IN THE AREA OF RESEARCH, THE PROVINCIAL AIDS STRATEGY HAS CLEARLY IDENTIFIED NEED FOR ESTABLISHED PROTOCOLS FOR THE MANAGEMENT OF HIV/AIDS CASES, PARTICULARLY IN THE AREAS OF DELIVERY OF AIDS-SPECIFIC DRUGS AND THE COORDINATION OF EPIDEMIOLOGICAL AND OTHER RESEARCH TO ENSURE THAT THE BEST MANAGEMENT PRACTICES POSSIBLE ARE BROUGHT TO BEAR ON THE TREATMENT AND CARE OF THIS DISEASE.

AS I MENTIONED EARLIER, THE CENTRE OF EXCELLENCE WILL PROVIDE A MUCH NEEDED FOCAL POINT FOR HIV/AIDS SPECIFIC PROGRAM QUALITY CONTROL AS WELL AS THE COORDINATED CONTROL OF TREATMENT AND TESTING.

THE PROVINCIAL ADVISORY COMMITTEE ON AIDS WILL HAVE A REPRESENTATIVE ON THE STEERING COMMITTEE OF THE CENTRE TO ASSIST BOTH ORGANIZATIONS IN IDENTIFYING PAST, PRESENT AND FUTURE PRIORITY NEEDS WITH RESPECT TO HIV/AIDS TREATMENT AND RESEARCH.

AND FINALLY, I WILL BE ACTIVELY ENCOURAGING THE B.C. HEALTH RESEARCH FOUNDATION TO CONSIDER WAYS OF SUPPORTING FUTURE HIV/AIDS RESEARCH.

CONCLUDING REMARKS

IN CONCLUSION LADIES AND GENTLEMEN, I WOULD JUST LIKE TO SAY HOW MUCH I APPRECIATE THE COMMITMENT MADE BY ALL LEVELS OF GOVERNMENT, COMMUNITY AND PROFESSIONAL GROUPS AND ASSOCIATIONS AND CARING INDIVIDUALS IN HELPING US TO RECOGNIZE AND SUPPORT THE STRATEGIES I HAVE DISCUSSED TODAY.

IN PARTICULAR, I WISH TO COMMEND THE FEDERAL GOVERNMENT AND HEALTH AND WELFARE MINISTER THE HONOURABLE PERRIN BEATTY, FOR PLAYING A MAJOR ROLE IN BUILDING THE PARTNERSHIPS WHICH ARE CRUCIAL IN MEETING OUR COLLECTIVE HEALTH OBJECTIVES CONCERNING HIV/AIDS.

I WAS PARTICULARLY PLEASED WITH MR. BEATTY'S ANNOUNCEMENT OF APRIL 2, TO THE CANADIAN CLUB OF TORONTO WITH RESPECT TO INTRODUCTION OF A COMPREHENSIVE PROJECT FOR MANAGING HIV AND AIDS IN THE WORKPLACE.

THE ESTABLISHMENT AND ADOPTION OF AIDS POLICIES FOR THE WORKPLACE ARE, AS MR. BEATTY POINTED OUT, CRUCIAL TO THE ECONOMIC SURVIVAL OF CANADIAN BUSINESS, AND, TO NO LESS A DEGREE, PLAY A SIGNIFICANT ROLE IN THE PROTECTION OF HUMAN RIGHTS.

IN 1988, BRITISH COLUMBIA BEGAN ENCOURAGING BUSINESSES TO ESTABLISH POLICIES FOR MANAGING HIV AND AIDS IN THE WORKPLACE WITH THE DEVELOPMENT OF COMMUNICATIONS AND EDUCATIONAL PROGRAM FOR EMPLOYERS AND EMPLOYEES INCLUDING AN EASY REFERENCE GUIDE ON HOW TO ESTABLISH AN EFFECTIVE AND FAIR WORKPLACE POLICY.

I AM ENCOURAGED TO SEE THE PARTNERSHIP BETWEEN THE FEDERAL GOVERNMENT, THE CANADIAN AIDS SOCIETY AND A HOST OF CANADIAN BUSINESSES, WHICH HAS ENABLED THE BRINGING FORWARD OF THIS IMPORTANT NATIONAL APPROACH TO THIS CRITICAL ISSUE.

THROUGH THE NATIONAL AIDS STRATEGY, WE ARE REALIZING THE BENEFIT OF THE INVOLVEMENT AND EXPERTISE OF ALL THE GROUPS CRITICAL FOR SUCCESS . . . . INCLUDING ALL LEVELS OF GOVERNMENT, PROFESSIONALS AND VOLUNTEERS IN THE HEALTH CARE FIELD AND COMMUNITY SUPPORT AND ADVOCACY GROUPS.

ON SUNDAY, NATIONAL HEALTH AND WELFARE MINISTER, THE HONOURABLE PERRIN BEATTY, ANNOUNCED THE UNDERTAKING OF AN IMPORTANT ANONYMOUS, UNLINKED HIV SEROPREVALENCE STUDY.

AS A PARTICIPANT IN THIS IMPORTANT PROGRAM, THE PROVINCE OF BRITISH COLUMBIA RECOGNIZES THE CRUCIAL IMPORTANCE OF HIV SEROPREVALENCE RESEARCH IN COMBATTING AIDS.

THIS RESEARCH IS NECESSARY IN DETERMINING THE PATTERNS AND TRENDS OF HIV INFECTION IN THE POPULATION AND IN DETERMINING THE IMPACT OF HIV INFECTION ON CERTAIN POPULATIONS.

SUCH KNOWLEDGE IS FUNDAMENTAL TO PUBLIC HEALTH EFFORTS IN DEVELOPING AND EVALUATING APPROPRIATE PREVENTION AND EDUCATION PROGRAMS AND IN PLANNING FOR THE FUTURE HEALTH AND SOCIAL NEEDS OF HIV INFECTED PERSONS AND THEIR FAMILIES.

THIS PARTNERSHIP WITH THE FEDERAL GOVERNMENT IS A PROGRESSIVE STEP TOWARD FURTHER STRENGTHENING OUR COMMITMENT TO LEARNING MORE ABOUT HIV INFECTION, WHILE MAINTAINING THE IMPORTANT PRINCIPLE OF SAFEGUARDING THE RIGHTS OF INDIVIDUALS. CLEARLY, ASSURANCES OF COMPLETE ANONYMITY ARE PARAMOUNT IN GAINING PUBLIC ACCEPTANCE FOR SUCH RESEARCH.

BRITISH COLUMBIA HAS BEEN, AND WILL CONTINUE TO BE A WILLING PARTNER IN THIS IMPORTANT PROCESS.

THE DEVELOPMENT OF A PROVINCIAL AIDS STRATEGY IS NOT AN END POINT. RATHER, IT SHOULD SERVE AS A BEGINNING TO A CONTINUED COMMITMENT TO AN OPEN DIALOGUE . . . . TO A CONTINUED SHARING OF SUCCESSES, FAILURES, FEARS AND CONCERNS . . . . FOR IT IS THIS TYPE OF PARTNERSHIP WHICH WILL FACILITATE THE IDENTIFICATION, DEVELOPMENT AND EVALUATION OF APPROPRIATE AND EFFECTIVE RESEARCH, PROGRAMS AND SERVICES.

THE ADDITIONAL $3.2 MILLION DOLLARS IN NEW INITIATIVES I HAVE ANNOUNCED TODAY, WILL BRING THE TOTAL ANNUAL PROVINCIAL FUNDING COMMITMENT TO AIDS TO NEARLY $20 MILLION DOLLARS.

WHILE FUNDING IN ITSELF CANNOT REFLECT THE SUFFERING ASSOCIATED WITH THIS TERRIBLE DISEASE, I AM HOPEFUL THAT WHEN WE LOOK BACK TEN YEARS FROM NOW, WE WILL BE ABLE TO SAY WE TOOK APPROPRIATE, MEANINGFUL AND COMPASSIONATE ACTIONS IN HELPING SOCIETY IN DEALING WITH AIDS.

TO ALL OF YOU WHO LIVE AND WORK WITH AIDS, I WISH TO EXTEND MY APPRECIATION FOR THE TREMENDOUS EFFORTS AND PERSONAL COMMITMENTS YOU MAKE EVERY DAY.

TOGETHER, I BELIEVE WE CAN MAKE A DIFFERENCE.

ON A CLOSING NOTE, LADIES AND GENTLEMEN, I FEEL IT FITTING TO PAY TRIBUTE TO A SPECIAL INDIVIDUAL WHO COMMITTED THE LAST YEARS OF HIS LIFE TO WORKING ON BEHALF OF THOSE LIVING WITH HIV AND AIDS.

THE PAST CHAIRMAN OF THE PERSONS WITH AIDS SOCIETY, MADE AN INVALUABLE CONTRIBUTION TO THE SOCIETY WITH WHICH HE WORKED AND HE PROVIDED THOUGHTFUL INSIGHT AND ADVICE IN THE DEVELOPMENT OF A PROVINCIAL HIV/AIDS STRATEGY.

FOR ALL THOSE WHO WERE FORTUNATE ENOUGH TO HAVE KNOWN AND WORKED WITH ALEX KOWALSKI, I KNOW YOU WILL MISS THE STRENGTH, DEDICATION AND PASSION WHICH HE BROUGHT TO HIS WORK.

ALEX KOWALSKI DIED MARCH 25TH AT THE AGE OF 37. TO HIS FAMILY, FRIENDS AND COLLEAGUES, I OFFER MY SYMPATHY AND RESPECT.

THANK YOU.

-END-